FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	1. Person Making the Diabursements/Obligations					
	(a) Name U.S. Chamber of Comme	rce				
	(b) Address (number and street) Check if different than previously reported 1615 H Street N.W.	2. FEC Identification Number				
	(c) City, State and ZIP Code Washington, UC 20062	c30001101				
	(d) Name of Employer or Prindpal Place of Business (e) Occupation					
3.	is This Statement or 4. Covering Period	04 2010 through				
	Amended Amended	07 2010				
5.	(a) Date of Public Distribution(e) 10 07 2016 (b) Communication Ti	He Trust				
6.	6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.1					
	(d) X Corporation, Labor Organization or Qualified Nonprofit Corporation making commu	nications under 11 CFR 114.15				
	(e) Other, specify:					
7.	If the filer is an individual, unincorporated organization or qualified nonprofit of were the disbursements made exclusively from donations to a segregated bar					
8. Custodian of Records						
	(a) Name Rob Engstion	•				
	(b) Address (number and street) [615 H Street NW					
	(c) City, State and ZIP Code					
	Washi natton, VDC 20062 (d) Name of Employer or Principal Place of Business (e) Occupation					
		President				
9.	Total Donations This Statement	000				
10.	Total Disbursements/Obligations This Statement	\$74.00				
Under penalty of perjury, I certify that this statement is true, correct and complete.						
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM ROS ENGST COM					
	SIGNATURE DATE	7/10				
	NOTE: Submission of laise, erroneous or incomplete information may subject the person signing this statemen	s It to the penalties of 2 U.S.C. §437g.				

FEC FORM 8 (REV. 12/2007)

Per	son(s) Sharing/Exercising C	iontrol	
A	(a) Name Role Fig.	strom	The second of th
	(b) Address (number and street)		
	(c) City, State and ZIP Code	reet NW	
	Wachington	DC 20062	
	(d) Name of Employer or Principal F	Place of Business	(e) Occupation
	U.S. Chan	ber of Commerce	Vice President
В.	(a) Name Bill Mille	•	
	(b) Address (number and street)	reet NW	
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal P	lace of Business	(e) Occupation
	U.S. Chai	ulser of Commerce	Senior Vice Presided
Ċ.	(a) Name	A second	A TOTAL
	(b) Address (number and street)		
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	(c) City, State and ZIP Cede	Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrew	· · · · · · · · · · · · · · · · · · ·
	(d) Name of Employer or Principal P	lace of Business	(e) Cocupation
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D.	(a) Name	and the second s	
	(b) Address (number and street)		
	(c) City, State and ZIF Code	Carlo San Carlo Ca	
	(d) Name of Employer or Principal P	ace of Business	(e) Cocupation
E.	(a) Name	The second secon	
	(b) Address (number and street)		
	(c) City, State and ZIP Code	Control of the Contro	
	(a) Name of Employer or Principal P	ece of Business	(e) Occupation
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FEC FORM 8 (REV. 12/2007)

Full Name (Last, First, Middle in	litial) of Payee	Date of Disbursement or Obligation
ISSUE and In Mailing Address of Payee	mage Advocacy and Adve	de 10 '04 '201 ।
	treet ste soo	Amount
Alexandria	State Zip Code	Communication Date
Name of Employer	Occupation	To on a communication takes
Purpose of Disbursement (Include	ing (Hiefs) of communication(s):	100120
"Trust" TV	SDO7	
Name of Federal Candidate MIKE ROSS	Office Sought: House State: AR Senate District: OA	Disbursament/Obilgation For: Primary Ceneral
	President	Other (specify)
Name of Federal Candidate	Office Sought House State: Senate District:	Diabursement/Obligation For: Primary General
	President	☐ Other (specify) ▶
Name of Federal Candidate	Office Sought: House State:	Disbursement/Obligation For:
		Primary General
	Sanate District	Other (specify)
Full Name (Last, First, Middle Ini	Sanate District:	Other (specify)
Full Name (Last, First, Middle Ini Mailing Address of Payse	Sanate President District President	Other (specify)
	Sanate District:	Date of Disbursement or Obligation M. M. J. D. D. Y.
Malling Address of Payee	Sanate President District:	Date of Discursement or Obligation
Mailing Address of Payse	State District: President State Zip Code Occupation	Date of Disbursement or Obligation M. M. J. D. D. Y.
Mailing Address of Payes City Name of Employer	State District: President State Zip Code Occupation	Date of Disbursement or Obligation M. M. J. D. D. Y.
Malking Address of Payse City Name of Employer Purpose of Disbursement (Including	State District: President State Zip Code Occupation Oglice Sought: House	Other (specify) Date of Disbursement or Obligation M. M. J. D. C. Y.
Malking Address of Payse City Name of Employer Purpose of Disbursement (Including	State District: State Zip Code Occupation Office Sought: House State: President House State: Senate District President Office Sought: House State:	Other (specify) Date of Disbursement or Obligation M. M. / D. O. Y. Y. Y. Amount Communication Date M. M. / D. D. Y. Y. Disbursement/Obligation For: Primary General Other (specify) >> Disbursement/Obligation For:
Mailing Address of Payee City Name of Employer Purpose of Disbursement (Includi	State District: State Zip Code Occupation Office Sought: House State: Senate District: President Office Sought: House State: President	Other (specify) Date of Disbursement or Obligation At M / D O : Y Y Y Amount Communication Date M M / D D : Y Y Y Disbursement/Obligation For: Primary
Mailing Address of Payee City Name of Employer Purpose of Disbursement (Includi	State District: State Zip Code Occupation Office Sought: Office Sought: Office Sought: House State: Senate District: Office Sought: Office Sought: District: Senate District: Senate District:	Other (specify) Date of Disbursement or Obligation If M / D O Y Y Y Amount Communication Date M M / D O Y Y Y Communication Date M M / D O Y Y Y Disbursement/Obligation For: Primary

SUBTOTAL of Disbursements/Obligations This Page (optional)

TOTAL This Pedical (last page this line number only)

(carry total from last page to Line 10)

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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